

ACH AUTHORIZATION FORM

First Presbyterian Church
650 2nd Ave N
Fargo, ND 58102

PLEASE PRINT:

Name:

Address:

Financial Institution:

Address:

- ☐ New Authorization ☐ Change Donation Amount ☐ Discontinue Donation
☐ Change Banking Information ☐ Change Donation Date

CONTRIBUTION INFORMATION:

Choose one: ☐ Monthly on the 1st Wednesday ☐ Monthly on the 3rd Wednesday

Starting in (month, year): _____

Total Amount per Contribution: \$ _____

Please take my contribution directly from the account specified:

- ☐ Checking Account (enter routing/account info below or attach check)
☐ Savings Account (enter routing/account info below or attach a savings deposit)

Routing #: _____	Account #: _____
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ATTACH HERE

I authorize First Presbyterian Church to process debit entries to my account. I have attached a voided check or savings deposit slip. I understand that this authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: _____ Date: _____

OFFICE USE ONLY	Pledge Card Received?	Yes	No	Date:
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